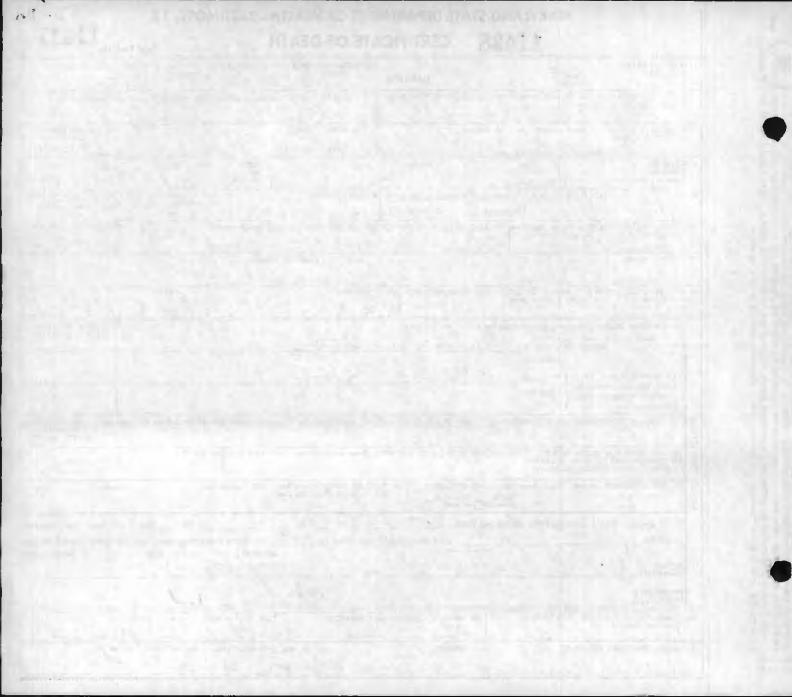
MARY LAND STATE OF SETMENT OF RESERVE ON ALVE AND

	11428 CERTIFICATE OF DEATH Reg. Dis										1. No.	
	1. PLACE o. COL	OF DEATH	Kent		MARY		o. STATE Mar	(Where deceased	lived. If instituti b. COUNTY	on: Residence	before admission)	
	b. CITY RUR	Al and give ne	/ /-	its, write c.	LENGTH OF STAY	IN 1b	c. CITY OR TOWN	(If outside corpor	/ /	2	e nearest town)	
00	d. NAF		AL (If not in hospital,		ress}		d STREET ADDRES	1 /1	uk	mal	e. IS RESIDENCE ON A FARM? YES NO L	
	3. NAME DECEA (Type o	Of SED or print)	Ma	rst	Middle	Br	Last	4. DATE OF DEATH	Mor	2	Day Year 2 7 19 5/8	
	5. SEX	7-,	6. COLOR OR RACE	7 MARRIED WIDOWED	NEVER MARRIE		PATE OF BIRTH	1866	9. AGE (In years last birthday) 9. Yrs.	-	YEAR IF UNDER 24 HRS ays Hours Min.	
	10a. USUA durin	AL OCCUPATION ME MOST	N (Give kind of working life, even if retired	done 10b. KIN	ID OF BUSINESS O	R INDUSTR	Ballen	State or foreign co	unity)	12. CITIZI	EN OF WHAT COUNTR	
	13. FATHE	R'S NAME	e. Strong	hs			14. MOTHER'S MAID	EN NAME	esterna.			
nou 7/	IS. WAS I		IN U. S. ARMED FO		CIAL SECURITY NO	Mi	Marie	Perkins	- Chis	lestin	=3. Ind	
	18. <		TH {Enter only one c TH WAS CAUSED BY: IMMEDIATE CAUSE (11/1	br (a), (b), and (c).	l N	Course				INTERVAL BETWEEN ONSET AND DEATH	
		94X	DUE TO		Wana	0	192_					
	tyin:	e rise to in te (a), stating t g cause last.	he under-	o			0					
0	CATION	PART II. OTH	ER SIGNIFICANT CON	ADITIONS CON	ATRIBUTING TO DE	ATH BUT NO	OT RELATED TO THE T	ERMINAL DISEASE	CONDITION GIV	VEN IN PART 1	(a) 19. WAS AUTOPSY PERFORMED? YES NO	
	U (IF EI	ACCIDENT WA ONTRIBUTING THER, NOTIFY	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRI	BE HOW INJURY O	CCURRED.	Enter nature of injur	y in Port I or Port	11 of item 18.)			
	WEDICA 20c. T	Hour o.m.	Y Month, Day, Ye	20d. INJU While at work	Not while	20e. PLACI focior	OF INJURY (Home, y, street, office bldg.	form, 20f. (City , etc.)	or town)	(Co	unty) (Stale	
		certify the	at I attended the	deceased		Aeath o	ccurred at 4	No. of Control			st saw the deceased date stated above	
	ACTU	1.1	by. M.	1 Deal	Lydro	M	2		reel, city or lown.		DATE SIGN	
1	PHYS	ICIAN'S E (Type)	· ·			7	1h	sluter	- med			
20 0 0 1		AL CREMATION DVAL (Specify)	N, 226. DATE THERE	OF 2	Chistin	ETERY OR C	REMATORY	22d. LOCAT	JON (City, town,	ar county)	angland	
82	23. FUNE	auri	SIGNATURE V. Glille	lam	- Chust	telon	2-1	REC'D BY REGIST	1	STRAR'S SIGN	Trans	

INTERVAL BETWEEN ONSET AND DEATH N IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO (County) (Stole) that I last saw the deceased nd an the date stated above. igiel DATE SIGNED county) (State) TRAR'S SIGNATURE Marin V. Glilliam - Chesterlown met DATE DET 31 '58 arilun S. Kraus

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Hours 12. CITIZEN OF WHAT COUNTRY?



AT THE REPORT OF THE PARTY OF T REACH STRUCKTORY TO STRUCK AND INCOME. Commercial tip and forces and 1. #CFG PC Prompt = 23(PL) motion 2 min DESTRUCTION OF THE PROPERTY OF 160 LLWWW modern Abilian the photos and exemple and yes care that The Violette Charles of the Carry of the Car The state of the s State of the control of the state of the sta the state of the s Design to the second se 20/2 , 1 = -1 = 0

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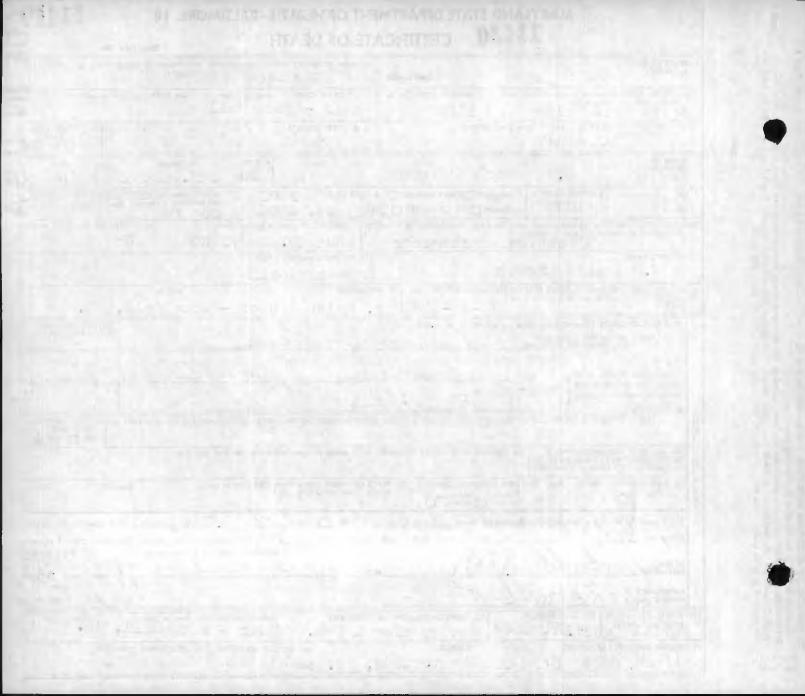
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11419

11430 **CERTIFICATE OF DEATH**

Reg. Dist. No.

	ACE OF DEATH COUNTY Kent	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE AT anyland b. COUNTY ent						
	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ear-Rock Hall	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Xnear - Rock fall						
d.	NAME OF HOSPITAL (If not in hospital, give street or INSTITUTION AT Home	oddress)	d. STREET ADDRESS P. IS RESIDENCE ON A FARM? YES NO EX						
DE	AME OF First C e C :	010001	Lost	4. DATE OF DEATH	Oct.		Doy Yeor		
	ale white wow	DIVORCED .	8. DATE OF SIRTH July 24.	1903 19 6 3	9. AGE (In years lost birthday) 55 yrs.	Months Days	Hours Min.		
	USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired) Electrical	KIND OF BUSINESS OR INDU		CE (State or foreign co		12. CITIZEN USA	OF WHAT COUNTRY?		
13. FA	J. Lemuel Crouch		14. MOTHER'S /	Ø 1 =					
fres, a	AS DECEASEDEVER IN U. S. ARMED FORCES? 16.	social security No. 17. 15-20-1343 [T	NFORMANT		- Rock		Md.		
	PART II. OTHER SIGNIFICANT CONDITIONS C	ascerant letesis y	la of Circle	Costal Aprile HARLES	latz_	- (TERVAL BETWEEN NSET AND DEATH LILL TO THE		
2 0	OG. ACCIDENT WAS UNDERLYING 20b. DESC	CRIBE HOW INJURY OCCURRE					PERFORMED? YES NO NO		
1	C. TIME OF INJURY Month, Doy, Year Hour o. m. 19 While of world were control of the control of t	Not white	ACE OF INJURY IN- clory, street, office	ome, form, 20f. (City oldg., etc.)	or town)	(County	r) (Stote)		
0	1. I certify that I attended the decease dive an Oct 35 , 19,5 CTUAL GNATURE MANUAL MA	ed from Masch.	accurred at	125M, from		and on the d	saw the deceased ate stated abave.		
PI	HYSICIAN'S NORBERT-C-	NIISCH				The	en lang		
	URIAL CREMATION, 226. DATE THEREOF 1958	Wesley Cha			ON (City, town, o		Md(Slote)		
23 FU	NEBAL DIRECTOR SIGNATURE	ADDRESS _Chestertow		AGET 2 8 158		STRAR'S SIGNATURAL & Trans			

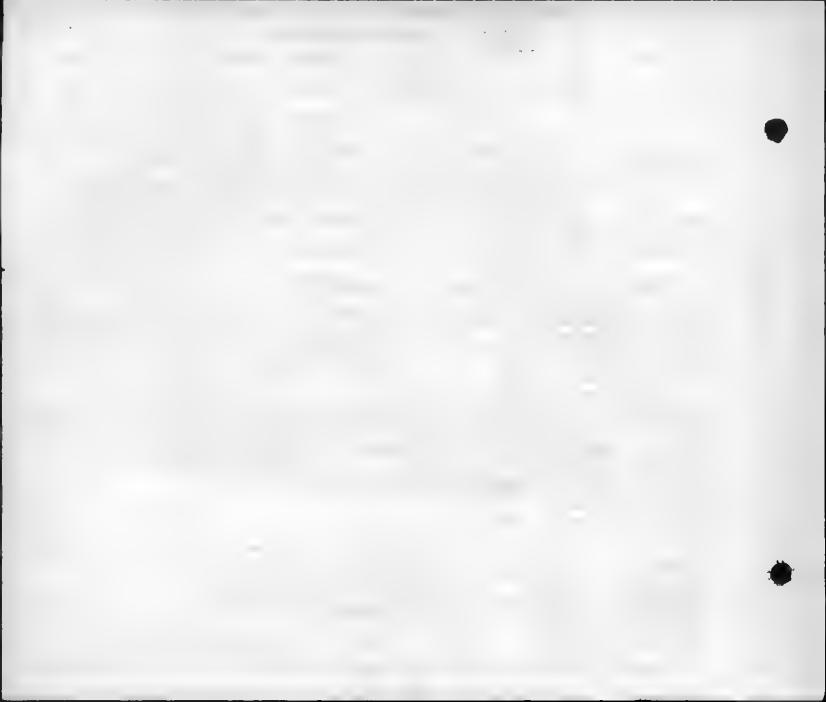


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11420

Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Massey e. IS RESIDENCE YES 🗍 NO 🗚 Year 19 5 IF UNDER 1 YEAR IF UNDER 24 HRS 12 CITIZEN OF WHAT COUNTRY? Address INTERVAL BETWEEN ONSET AND DEATH PART HE OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19. WAS AUTOPSY PERFORMED? YES | NO (County) (Stote) 19년 that I last saw the deceased M, fram the causes and an the date stated above ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 270 BURIAL CREMATION. 22c NAME OF CEMETERY OR CREMAJORY (Stote) TREMOVAL (Specify) 24b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATURE 24o, REC'D BY REGISTRAR DATE OCY 2 9 '58

TO FUNERAL



	11422 CERTIFICATE OF DEATH Reg. Dist. No.
	1. PLACE OF DEATH COUNTY 1:ent 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) COUNTY 1:ent MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) COUNTY 1:ent
	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn) RURAL and give nearest tawn) Chestertown adult life ; Chestertown, Lid.
79	d. NAME OF HOSPITAL (If not in hospital, give street address) Or instrution Rent & ueen Anne Co. Hosp. A. STREET ADDRESS ON A FARM? YES NOW
	3 NAME OF DECEASED (Type or print) James J. Hadaway 4. DATE Oct. Month 16 Doy 1958 or DEATH OCT. 1968 19 08
	5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH 19. AGE (in your lift Under 1 YEAR IF UNDER 24 HR: lost birthday) Months Days Hours Min.
	100. USUAL OCCUPATION (Give kind of work done of work done during most of working life, even if retired) AUTO Salesman Lent Co. Maryland Usa
	Valter H. Hadaway Virginia Miller
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT 16 yes, gare wer or dates of service) 216-09-0084 . iss Jennie Hadawayock Eall,
	18. CAUSE OF DEATH [Enter only one couse per lipe for (o). (b). and (c)]; PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gove rise to immediate cause (a), stating the under-lying couse last. (b) DUE TO
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO E
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port II or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a.m. 19 While of work o
	21. I certify that I attended the deceased from 19, to 19, that I last saw the deceased alive an 19, that I last saw the deceased alive an 19, that I last saw the deceased alive and the deceased from 19, that I last saw the deceased alive and the deceased from 19, that I last saw the deceased from
1	ACTUAL SIGNATURE AM. HATCHULL M.D. ADDRESS (Street, city of town, spile) ADDRESS (Street, city of town, spil
ſ	PHYSICIAN'S Wm. M. Gatewood Nock Hall, Md.
	220. BURIAL CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY Chestertown, [City, lown or county) (Slole) Chestertown, IId.
	23/FUNERAL DIRECTOR'S SIGNATURE ADDRESS Chestertown, Md. DATE ADDRESS Chestertown, Md. DATE
	1) UCT 2 0 58 OTher S. Trans

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



11423 **CERTIFICATE OF DEATH** director, 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institutions Residence before admission) a. COUNTY b. COUNTY filed MARYLAND b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give negres) town) RURAL and give nearest lown) hestertown d. NAME OF HOSPITAL (If not in haspital, give street oddress)
OR INSTITUTION d. STREET ADDRESS Quaker 1001 hileen Kent and 2 NAME OF 4. DATE Middle Month DECEASED OF DEATH (Type or print) 000 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In years last birthday) WIN HE WIDOWED [] DIVORCED [100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or fareign country) during most of working life, even if retired) Farm ARMIN Manager 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which gave rise to immediate DUE TO cause (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part II of item 18) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) factory, street, office bldg. etc) Haur a. m Not while al work at work 1955 that I last sow the deceased 21. I certify that Lattended the deceased from. and that death occurred at AM, from the couses and on the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) HOSPITAL Flo rence Deringer Jocce Worton. Md 220. BURIAL, CREMAT ON, 226 DATE THEREOF 22¢ NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) RETURNAT SEPECIFY Oct. 26/59 Chester Cemetery Chestertown, Md. 0 24b. REGISTRAR'S SIGNATURE 23 FUNERAL DIRECTOR'S SIGNATURE 24g, REC'D BY REGISTRAR Williams Chestertown, Md. arihur S. Frank V\$ A15 (4) 15M 9/S5 DATE (1CT 2 8 '58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

death. Page that

Dev

12. CITIZEN OF WHAT COUNTRY? 12.5

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED? YES NO

(State)

DATE SIGNED

(State)

. IS RESIDENCE ON A FARM?

YES M NO

Yeor

IF UNDER 24 HRS

19 5

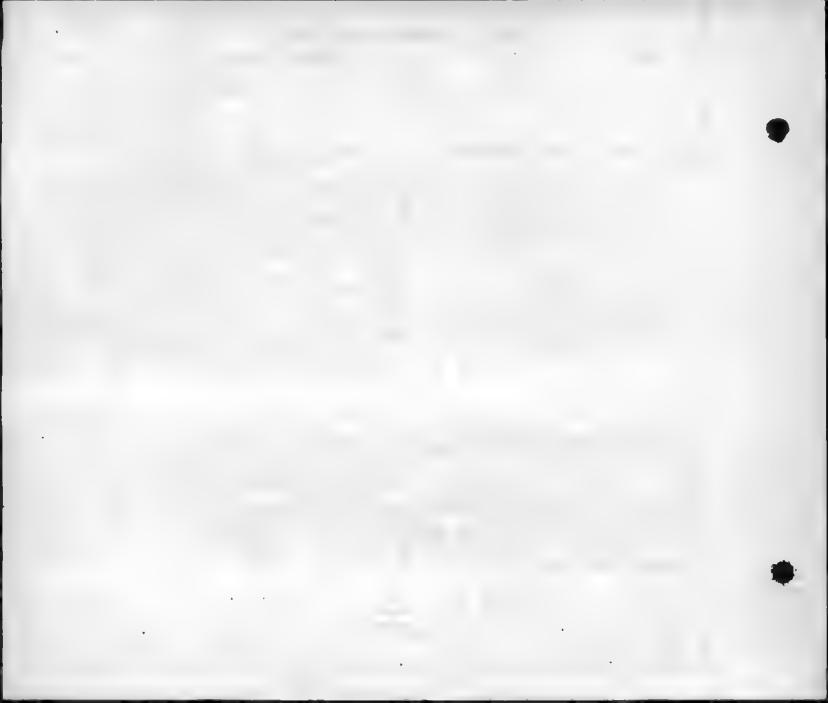
Reg. Dist. No

IF UNDER 1 YEAR

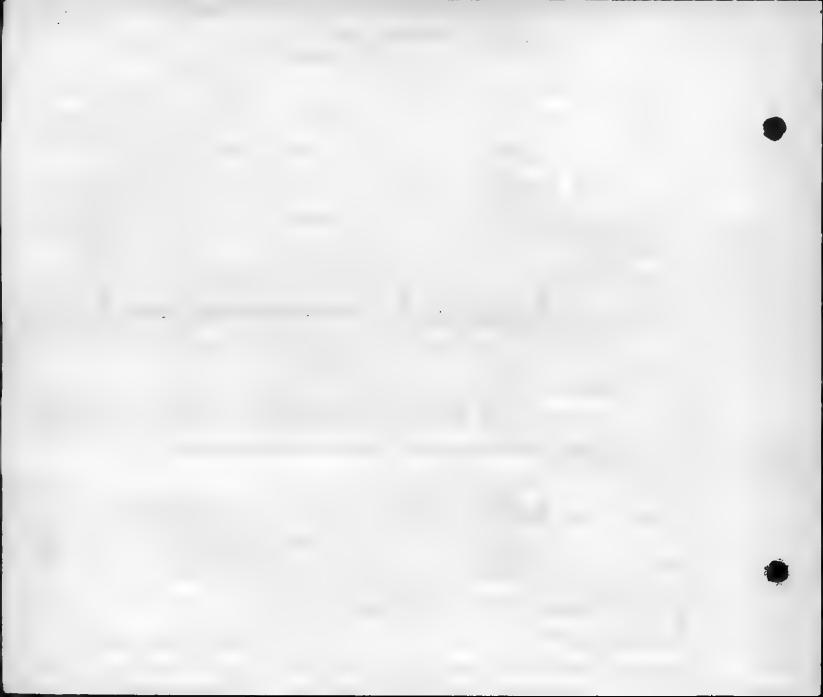
Days

(County)

Months



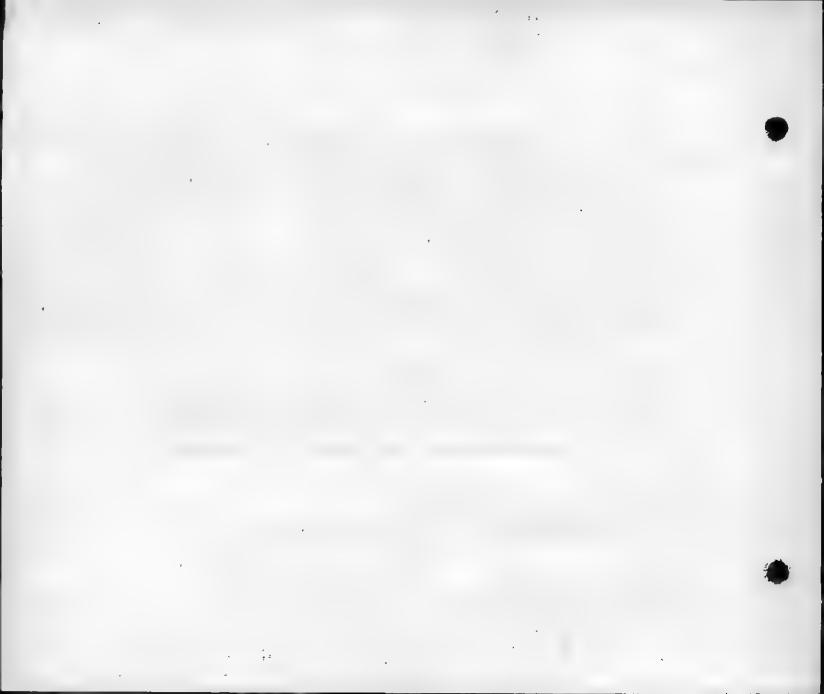
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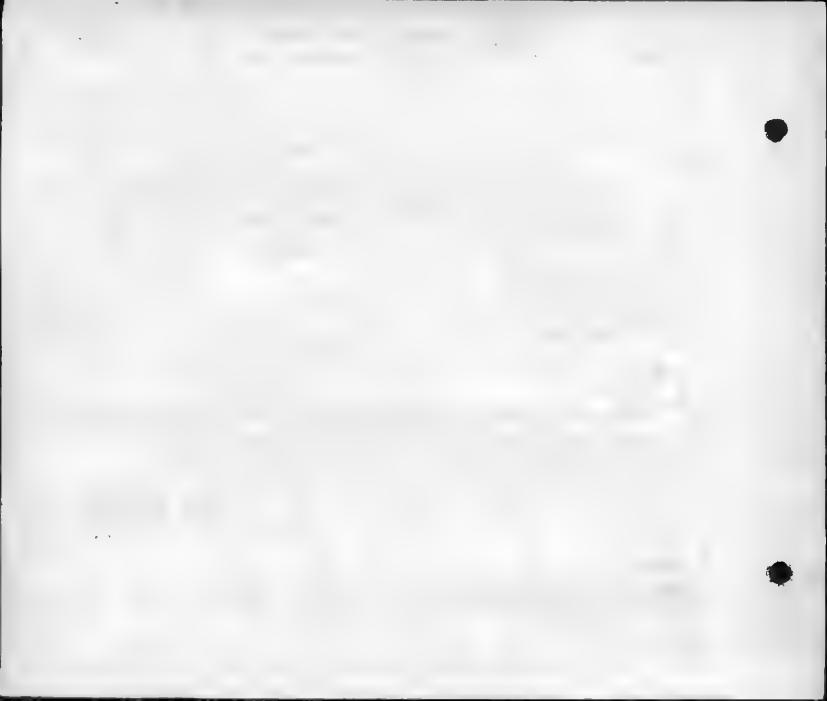
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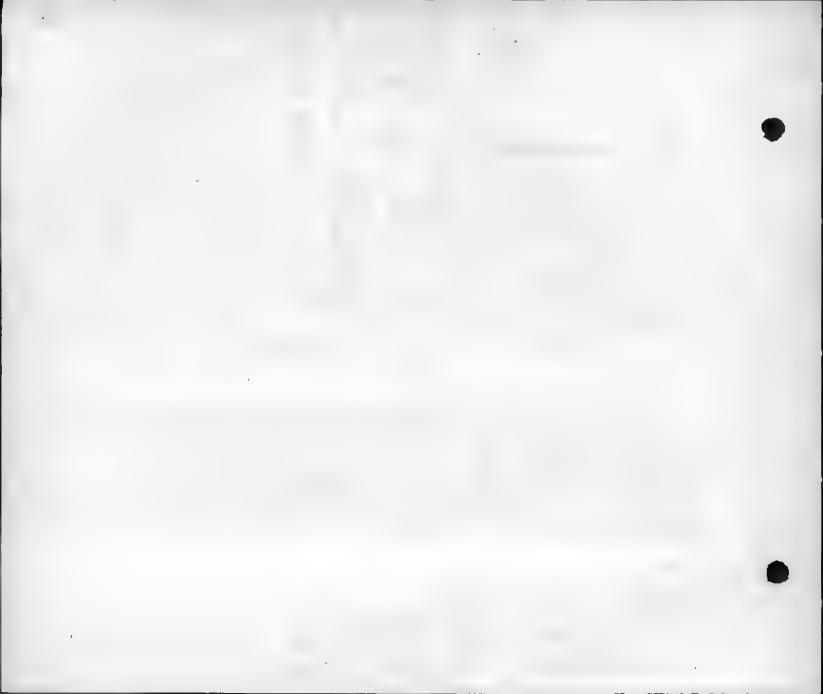


11425 **CERTIFICATE OF DEATH** 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) o. COUNTY Filed **b.** COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) d NAME OF HOSPITAL (If not in hospital, give street address) ad STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO X NAME OF Middle lost 4. DATE Day Year Month (Type or print) DEATH 19.50 IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH 9. AGE (In years last birthday) Months Doys Hours Min. WIDOWED TO DIVORCED T 10a USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life even if retired) ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMAN Address 18. CAUSE OF DEATH [Enter only one cause per ling for (a), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) **DUE TO** Conditions, if ony, which gned gove rise to immediate **DUE TO** couse (o), stoling the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU! NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS ALTOPSY PERFORMED? YES NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED/ (Enter noture of injury in Port I or Port II of item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year (County) (State) factory, street, affice bldg., etc.) Hour o. m. While Not while at work at work 21. I certify that I attended the deceased from. ., 19____that I lost sow the deceased olive on_ and that death occurred of A:M, from the causes and on the date stated obove ADDRESS (Street, city or fown, state) ACTUAL PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION. 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d_LOCATION (City, town, or county) REMOVAL (Specify) 10 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240 REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



1SM 10/57



1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
TOD 47475	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
FOR STATE	Reg. Dist No
HEALIN DEFI.	11. PLACE OF DEATH
6	MARYLAND O. STATE Maryland 6. COUNTY Kent
- " 电型图)	b. CITY OR YOWN (If outside corporate limits, write RURAL and give nearest town)
	Kennedyolle-rural Iday Millington, Rural - mil
00	d. NAME OF HOSTITAL OR INSTITUTION (If not in haspital, give stree address) d. STREET ADDRESS V
2 2 2 2	YES NO
to die	3. NAME OF First Middle lot A DATE Month Day
d de la company	DECEASED (Type or print) CLYDE PARTRIBGE DEATH CLETcher 16 1958
4 9 4 9	5. SEX 6. COLOR OR RACE 7. MARRIED N NEVER MARRIED 1 8. DATE OF BIRTH 9 AGE (In years IFUNDER 1/EAR IF UNDER 24 HRS
S Killing	Male WIDOWED DIVORCED
25 P	100. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPIACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY
San	duping most of working life, even if retired) Construction Inches
	13. FATHER'S NAME
SA SA	Milliam Partiller ma Real
- 6 2 6 5 - 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	15. WAS DECEASED EVER IN U.'S ARMED FORCES? Jo. SOCIAL SECURITY NO. 17. INFORMANT
15 % IF E	It's, no, or entrown) [It yes, give war or do'es of service) 9/2-15-15-15-16-16-16-16-16-16-16-16-16-16-16-16-16-
E S	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)]
and der	ONSTRANO DEATH
7.0	IMMEDIATE CAUSE (a) 1 703 1344 1212 CANALY / A COM BOS 2
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S S S S S S S S S S S S S S S S S S S	Conditions, if any, which (b) gave rise to immediate course
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al bed	20d ENTERNAL CAUSE WAS PRIMARY or CONTRIBUTING OF CONTRIBUTING OF CAUSE OF DEATH.
ef A buri	The state of the s
2 4 5 % 2	Ozoc. YIME OF INJURY Month, Doy, Year 20d IN. LRY OCCURED 26e PLACE OF INJURY (Home, form) 20f. [City or town) (County) (Slote) Hour o. m. While Not while of work of at work o
D e e	
P a g	21. I certify that I took charge of the remains described above, held on Autopsy . Inspection . Inquiry . and in my
ded gen	opinion death resulted from: Natural causes X. Accident . Suicide . Homicide . Undetermined manner
8 5 5	DATE SIGNED
o si si	ACTUAL SIGNATURE - ACTUAL SIGNATURE - M.D. CHIEF MEDICAL EXAMINER - DATE SIGNED
he d	EXAMINER'S ROST 1 1/ TARR ASSISTANT MEDICAL EXAMINER [] 10/16/58
de Kald	HAME (TYPE) OF OUT AS A CONTRACT STAMINER BY
Single Si	270 BURIAL, CREMATION, 1276 DATA THEREOF 22c NAME OF CEMETERY OR CREMATORY 27d JOCATION (City, town, or county) (Stote)
2 2 6	Dunial lect 19190 Millington Cem. Millington mg.
A15ME	23. JONEPAL D RECTORS SIGNATURE 26. REGISTRAR'S SIGNATURE
M 2/57	Edward Pellows Millington Mrd, DAYOCT 21 158 Onthur & Frank



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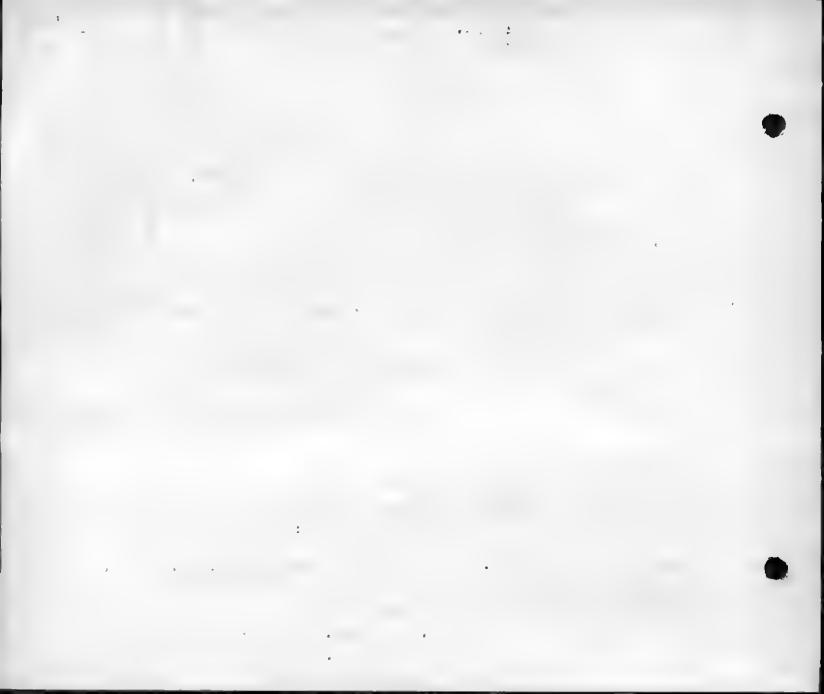
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within 24 hours after death. Page

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		114	35 CERTIF	FICATI	E OF DEATI	H		Reg. Di	ist. No.	_		
1. PLACE OF DEA	Kent		MARYL	AND 2.	usual residence (wo aryl	and	d lived, IF instituti b. COUNTY			e admissi	ion)	
b. CITY OR TO	WN (If outside carp give neares), lown)	orate limits, wri			c. CITY OR TOWN (If outside corporate fimils, write RURAL and give nearest tawn)							
gramood	s - wor		adult lif	re X	RFD Bigwo	ods -	- Worte	on			-	
d. NAME OF H OR INSTITU	NOSPITAL (If not in I	haspital, give str	eet oddress)	1	A STREET ADDRESS PFD Bigw	roods					DENCE FARM?	
3. NAME OF DECEASED (Type or print)		rsla	Middle L.		Wilson	4. DATE OF DEATH	Oct. 2		958		feor	
female	colo	red with	ARRIED NEVER MARRIED	- Ju		896	9. AGE (In years last birthday) 62 yrs.	IF UNDER	Days Days	Haurs	R 24 HRS. Min.	
during most of HOUSE	JPATION (Give kind of working life, even WII &	of work done if retired) VAI 10U	66. KIND OF BUSINESS OR	NDUSTRY	11. BIRTHPLACE (Slote			12. CI	US		COUNTR	
J. FATHER'S NAM				14	. MOTHER'S MAIDEN							
	Richard				Annie A.	Char	nbers					
15. WAS DECEASE [Yes, no. or unknown] NO		MED FORCES? or dofes of service)	16. SOCIAL SECURITY NO. 218-24-2685	Joh	mant n T. Wils	on	Cheste RFD	tov	wn,	Md.		
gove rise cause (a), sli lying cause	, if ony, which to immediate ating the underlast.	DUE TO (b) DUE TO (c)	Myseste	eno	ion	0) — Carve				
3	. OTHER SIGNIFIC	ANT CONDITION	NS CONTRIBUTING TO DEAT	TH BUT NOT	RELATED TO THE TERM	INAL DISEAS	SE CONDITION GIV	EN IN PAR	T 1(a) 19	PERFO	NO [3]	
OR CONTRIBL	NT WAS UNDERLYIN UTING CAUSE O DTIFY MEDICAL EXA	F DEATH	DESCRIBE HOW INJURY OC	CURRED. (E	nter nature of injury in	Part I ar Par	rt (I of item 18.)					
Havr d		W	d. INJURY OCCURRED hile Not while work at work	20e. PLACE (factory,	OF INJURY I Home, farm street, affice bldg., etc	n, 20f. (City	y or tawn)	{4	County)		(State)	
ative an	that lattend	ded the dece		death acc	, 1957, ta 9 curred at 1959	M, fran	m the causes of treet, city ar town,	nd an t	last so he date	e state	decease d abay	
SIGNATURE_	0/10	cerh	er	M.D.			~~~~~	(ct.	21	, 19	
PHYSICIAN'S NAME (Type)	Eugen	e Kest	er Rock H	Tall,	Md.							
BEMPYLES		25,195	8 Fountain				hestert		ä.	(Stote	*)	
2/ 1	CTOR'S SIGNATURE		ADDRESS			D BY REGIST		STRAR'S SIG	GNATUR	E		
prinel	In Waller	1/	Chester	town.	Md. DARCT	2 4 58	anth	un 8 4	65			

may be retained by the haspital ar attending physician.

TO FUNERAL CONTRACT STOR: After this certificate has been signed by the attending physician and campletely filled in by page 3 shaulance detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 the registrar priar to burial, cremation, ar removal, and in any event within 72 hours after death. TO HOSPITAL OR VS A15 (4) 15M 10/57

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

